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ORIGINAL ARTICLES.

OBSERVATIONS ON TYPHOID FEVER.

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Having seen thirty-six years of the practice of medicine has led me to change some of my views of typhoid fever, not only of its etiology but also of its pathology and treatment. Mercury in any form I do not employ, and beef-tea, once so popular, contains almost no nourishment. Patients who were fed on it starved so that they could not be resuscitated. Cathartics I seldom have occasion to use, and, on the other hand, if there is diarrhœa, I do not check it unless there are more than three evacuations a day, or unless there is much pain accompanying them.

I am not a microscopist, but I accept the theory of the microbe as the cause of typhoid fever; that it is introduced into the system through the alimentary canal in the food and drinks. The mucous membranes of the stomach and intestines are the first organs affected; next the glands of the intestines. In these last named organs is located the seat of the pathognomonic symptoms of the disease. I shall dwell on this part of the pathology of the disease more particularly than on all others, on account of its bearing on the treatment, and of the importance in sustaining the patient.

We often hear that mild cases of typhoid fever result fatally, and very unexpectedly too. Many of these cases undoubtedly could have been saved if the treatment had been less irritating and more supporting in the early stages. These calamities are due to want of prompt

and efficient feeding in the early stages. Patients are not hungry, and the attending physicians are not inclined to force nourishment, consequently the patients approach the point of death before any one suspects the danger.

If the stools of a typhoid fever patient be watched, the characteristic exudation of lymph from the inflamed surface of Peyer's patches and other affected glands will be discovered in them; usually if the stools are quite liquid, they will float upon the surface. These masses of lymph are irregular and flattish, varying in size from one-fourth to one inch in diameter. In consistence they resemble masses of recently exuded cherry gum. Early in the disease they are quite clear, but as the inflammation of the glands increases they may become streaked with blood, and in the latter stages of the disease exfoliated patches of the mucous membrane containing the entire glands may be seen. These glands are sometimes studded with clots of blood in their substance. This exudation will oftentimes enable the attending physician to determine the nature of his disease in mild or "walking" cases of typhoid fevers, which for many days may be involved in doubt.

There is one point I wish to touch upon in the physiology, pathology and treatment, upon which authors never, or seldom write, which I think is of great importance in this dreadful disease. I refer to the tendency of the entire circula-

tion in the portal system to become lethargic, both in health and disease, or greatly diminished, so that the digestive system during these periods of rest becomes almost bloodless. The intestines unless distended with food or gases become shrunken and very pale. This in health is a physiological process. The same tendency or function exists in typhoid fever, and then becomes a cause of pathological processes which result in disastrous consequences in the latter stages of the disease. The glands of the intestines are in a congested condition, and during these periods of rest or lethargy the blood in them becomes stasic, and on the return of the circulation to the portal system complete circulation is not re-established in the glands; they, consequently, become gangrenous and slough off. These sphacelated patches can be detected in the stools of the patient if watched for. If in these cases some of the large blood vessels are ulcerated and torn off, hemorrhage takes place and death may result from loss of blood. This is an important feature in typhoid fever, and one that the attending physician must from beginning to end have in view in the treatment adopted.

Biliousness or disordered liver complications in typhoid fever are not so numerous as authors lead us to believe. Undue importance has always been attached to the liver in all diseases, and typhoid fever is not exempt from the myth. Periodicity or engorgement of the liver takes place every time there is increased circulation in the portal system, for there is no other channel through which the blood can be returned to the general circulation and when there is increased vascularity there is increased functional activity. This periodicity of rest and returning engorgement is a healthy function of the organs of the portal system, and should be distinguished from the charges made against the liver, both by the profession and laity, as being "torpid." In the latter case it is assumed that the liver lies inactive, and that its function cannot be restored except by the use of physicians' drugs. This condition I shall dismiss as a "myth."

There is another point in the circulation of the digestive system upon which I wish to make some observations, that we sel-

dom see treated very extensively in any work on physiology or pathology: that is the sectional engorgement of the various abdominal viscera. One portion of these organs may be very abundantly supplied with arterial blood while another section, a short distance away, may be almost bloodless. This condition of the circulation takes place in all normal or pathological states of the digestive system. The introduction of food into the stomach causes increased circulation in the stomach, while the intestines not engaged in the digestive process remain quiescent and almost bloodless. As the food passes along down the intestines they become engorged with blood, and the stomach in turn receives less blood supply as the food passes out of it. Likewise the upper portions of the intestines receive less blood supply as fast as the food passes along down and the process of digestion becomes completed. This same sectional engorgement takes place from any irritation other than digestion existing anywhere along the intestinal or digestive tract. This physiological process may be observed in every autopsy or laparotomy. In a recent case of diaphragmatic hernia the autopsy revealed a portion of the colon, omentum, and caput coli, nearly strangulated in the hernial sac and greatly congested, while the remaining organs were but slightly, or not at all, congested. This sectional and periodical engorgement and bloodlessness of the portal circulation has an important bearing upon the pathology of typhoid fever.

I shall offer only a few suggestions in the treatment of typhoid fever. Beef tea I do not give with the view of receiving any benefit from it; sometimes I allow it in cases where the patient desires it to please his palate, but then I am sure to give the usual amount of nourishment to keep up the strength of the patient. The blood plasma is impoverished by the typhoid poison; the patient grows weaker as a natural consequence; the appetite is wholly or in part lost; the patient is disinclined to take food, and unless the nutrition is made an important part of the treatment in the early stages, the patient may soon lose the chance of recovery.

Proper nutrition is more important than medication. Boiled milk, given cold or warm to suit the patient's taste, with or without some farinaceous gruels, with

sweet cream constitutes the principal food for my patients during the whole course of the disease, other forms of nourishment being added in later stages. This nourishment I give every four hours and no oftener. I do not consult the patient's appetite as to quantity, but give from four to six ounces whether desired or not. This amount given thus frequently is easily digested, and keeps the portal system moderately engorged constantly throughout its entire length, thus avoiding the condition of bloodlessness in which Peyer's patches and other glands become gangrenous and later on sloughing. If digestion becomes feeble, pepsin in some form may be given with benefit. Nausea and vomiting do not deter me from giving nourishment regularly; often nausea and vomiting occur from an accumulation of thick mucous in the pharynx, and care should be taken to have the patient thoroughly awake and throat cleared before taking nourishment. In such a course of diet the stools soon appear soft and of normal color, well stained with bile. Sometimes a diarrhoea appears, which may be checked a little by giving a few drops of laudanum. Three evacuations a day I do not check, nor should I give laxatives if a day passed without any evacuation.

The various germicides and disinfectants I seldom use. I believe physicians

rely too much upon such inert, useless drugs. With a stream of nourishment constantly passing along the alimentary canal there is little opportunity for the development and absorption of deleterious germs and poisons into the system. Many of the cases of typhoid fever that I have treated under this method have solid stools pass them, of normal color and well digested; the glandular scabs being found only by washing the stools in warm water, which I do in all cases. Tonics and stimulants I give half-way between the times of giving nourishment.

When the temperature rises high, with a sluggish circulation in the ears and fingers, stimulants are called for in increased doses. If the Peyer scabs are watched for they will be good indicators of the condition of the affected parts. When the stools begin to improve I add to the diet eggs and more vegetable food. The first meat that I allow is pork tenderloin steak, broiled thoroughly all through. It should not be over six months old. I have found it to be a good article of diet in the convalescing stages. It digests easily and is very nourishing. It can be given long before beef-steak or any beef preparations can be borne by the stomach. I have fed it to patients now over twenty years and never have seen anything but good results from its use.

PEPSIN.

JAMES E. FREE, M. D., BILLINGS, MONTANA.

MANUFACTURE ON SMALL SCALE.

Secure the mucosa from the cardiac end of a hog's stomach. Scrape to about half its depth after washing in clear water. Warm the scrapings to 40° Centigrade, with enough 2 per cent. hydrochloric acid solution to completely immerse. In ten days filter and saturate the solution with ammonium sulphate. Pepsin will be deposited in a slimy, sticky mass. Wash the filtered product in a saturated solution of ammonium sulphate. Again dissolve in a 2 per cent. solution of hydrochloric acid.

The next step is to dialyze it in running water to remove ammonium sulphate, and add thymol to prevent putrefaction.

Now add 4 per cent. solution of hydro-

chloric acid. Precipitate by saturation with ammonium sulphate; add 2 per cent. hydrochloric acid solution. Dialyze in running water. The result is a clear solution, which yields pepsin by concentration in shallow dishes at 40° Centigrade.

Pepsin is of a light brown color, opaque, and occurs in scales, crystals and irregularly shaped masses. Various minor peculiarities are met with, due to processes of elaboration. In home-made preparations the result is not identical in two cases.

Vast quantities of pepsin are turned out annually by the great pork packing establishments of the country, and as they advertise their product attractively and extensively, it has come to be a household

remedy. Physicians may think it a breach of the code to use the pepsin of some of these firms, but provided the drug is fresh, what harm to the patient can result? There are lots of poor, miserable code sinners in the ranks of the profession, and not a few who wear shoulder straps.

The pepsin used in medicine is usually obtained from the stomach of the hog. This is not an ideal source, especially for the Jew. A priori reasoning would lead us to suppose that the dog would furnish a better article. The hog is a vegetarian, whereas the dog and his master are omnivorous, but the hog is better adapted to grow pepsin, so he gets the appointment as politicians say. The ideal source would be the dissecting room, and until observers can point to results obtained by the use of pepsin second-hand our knowledge will not be scientifically exact. Pepsin in the stomach is a living entity. It is a fraction of human vitality. As used in medicine, it is dead. Chemistry has supplied us with it as the substitute for the living ferment of digestion, just as it has given us infant's foods, or as dentistry gives us artificial teeth. Where the formation of the enzyme is interfered with it may possibly be good practice to attempt to pull the wool over Nature's eyes by administering the artificial product. If the stomach fails to secrete the proper amount of pepsin, it is proof that it is not in condition to handle the process of digestion.

Dyspepsia, which is caused by an enemy having its grip upon some of the vital organs, such as the vaso-motor system, the heart, or the central nervous system, needs a more radical agent than pepsin.

Before investigating the subject thoroughly, it is often the custom to cram pepsin into a stomach which is sympathizing with its hepatic or nephritic neighbors. Ordinarily ten grains in a capsule has no influence upon digestion. Spallanzani was the Columbus who discovered Nature's secret, hidden in the stomach.

ANATOMY OF THE PEPTIC GLANDS.

The glands secreting pepsin are situated in a nidus of blood vessels. From the blood, by selection the gland is supplied with protoplasm which enables it to keep itself in repair and also to perform its function in life.

Endosmose and exosmose are illustrated

by the processes which go on in these small organs. Continuous waste and continuous replenishing are the necessary results of activity. The gland, being faultlessly nourished, secretes from the protoplasm of the cells, granules which are elaborated into pepsin when a call is made upon the gland by stimulation. The amount of pepsin which the stomach can supply has a limit, and is measured by the granules of pepsinogen in the gland cells. As this is withdrawn to be put to work in the stomach, a fresh supply is stored up. This vital process is accomplished by the expenditure of energy. There is a point beyond which energy cannot be supplied. After that point is reached the symptoms of weariness will begin to show themselves. Continuous stimulation will lead to dyspepsia, but its origin is in the nervous system and demands not pepsin, but rest. Habit will accustom many of the vital processes to a routine not intended by nature.

Where such a routine does not demand an aggregate amount of work in twenty-four hours, equal to ordinary capacity, no harm results.

However, if three years digestive power is expended in two years, the individual grows old too rapidly. He is wearing out life's outfit more rapidly than is necessary. Much of the mortality before three score years and ten, is due to criminal waste of nature's forces. The digging up of such truths is regarded as the business of science. Longevity will hardly increase thus late in the history of the race. Its habits are fixed. It expects to commit these sins, and then demand of medicine that it shall be a shield against consequences. In nearly every case where pepsin is prescribed as an aid-de-camp of digestion, what is actually needed is no digestion at all.

Here is a coffee drinker who is nervous, unsteady and headachy when deprived of his customary stimulant. A dry eczematous rash is constantly present over the sternum. Drinking a pint of hot water three times a day for a week enabled him to break his habit. Appetite improved because digestion was better performed, owing to the fact that the gastric juice was not so largely diluted. Success so far led the patient to experiment further. He had been in the habit of eating three square meals daily. During a whole

summer only two meals per day were taken. Probably as much food was consumed each day as before, but a change for the better became apparent in the patients' nutrition. Formerly he had been accustomed to use aids to digestion, such as pepsin and ingluvin. But since the gastric glands have a chance to get the necessary amount of rest, they no longer rebel and medicine is not needed.

THERAPEUTICS.

The ferment requires the presence of hydrochloric acid to do its work. Chemistry has not yet furnished nature a substitute for this particular acid. It required a long chase by science to settle the question of the secretion of hydrochloric acid by the stomach. In fact modern knowledge regarding the stomach is cumulative, extending over a period of one century. Each secret was wrested from nature by the use of instruments of precision.

An isolated stomach when wet is covered with a secretion on its mucous surface, which is glairy and viscid.

Rapid decomposition results in the exposed organ, and changes analogous to digestion are seemingly taking place on the surface from which the gastric juice exudes. The odor is that of pepsin, multiplied several times in offensiveness. Pepsin reminds the healthy nostril of what some call a bilious breath.

When food is ingested the secretory organs are stimulated. Without stimulation there is no secretion. Between meals the average stomach enjoys a period of hibernation. During functional activity, blood congests the tissues of the stomach, the granules of pepsinogen are elaborated into pepsin and freely poured out to unite with the other constituents of the gastric juice. The flow of gastric juice is not uniform any more than is the amount of pepsin. There are degrees of stimulation possible, and the conditions of the various organs of the body exert an influence, both upon amount and chemical composition. Medicines, emotions and mental effort may be supposed to modify the product.

Science now tells us that the changes accomplished in the digestion of food can be imitated by soaking food in superheated water. This shows us that the problem to be solved before creation, so far as a stomach is concerned, was to

supply a resource which would do the work of heat, without heat. An evil heart of unbelief would have said before the fact, that such a thing was a wild idea. But there is nothing like demonstration to secure the complacent acceptance of a theory or condition. It is now in order for some bold and skillful operator, under antiseptic precautions, to perform stomatopancreotomy on a dog, and show to the medical public that genuine happiness is possible by using boiled dinners without pepsin or pancreatic secretion. A seven league stride toward the radical cure for malignant diseases of the stomach will have been taken.

The quantity of pepsin in the stomach during digestion is small. It is necessary for the gastric juice to come into contact with every particle of food stuff, and where by this means the enzyme, in its acid medium, is thoroughly distributed, the splitting up of complex bodies goes on naturally. Ptyalin initiates the digestive process in the mouth when food is masticated. Acid pepsin continues the work by cleaving proteids into two groups: the anti-peptones and hemi-peptones. The former group respond to the action of pepsin and fit themselves for absorption. They are carried into the intestinal canal along with the hemi-group. The pancreatic ferment, trypsin, in an alkaline menstruum, acts on the latter group in a way analogous to pepsin on the former group. Food so treated is then ready for its journey to the tissues.

No actual change in pepsin itself can be proved. It encourages digestion by its presence; it is the mutual friend, the go-between of the stomach and the food. Being so thoroughly mixed with the food, some of it cannot help being assimilated. Once in the blood, in whatever chemical shape, it would naturally find its way to the stomach, where it would be selected as the basis of the elements elaborated by the gastric glands from the protoplasm of their cells to furnish granules of pepsinogen. Pepsin in solution is unstable. Before reaching the part of the alimentary tract where the waste of digestion is held in reservoir, it probably has been chemically annihilated. At least observers do not say that it is to be found there. The intravenous injection of a peptonized salt-solution, or the hypodermic injection of

the same ferment, might be a reasonable method of aiding digestion where secretion is deficient. The discovery of this wonderful agent seemed to open to the therapist a broad field which was quickly occupied. Some of the occupants have done nothing but rattle around and make a noise. Very few practitioners have not experimented with pepsin, and the name of the proprietary medicines with pepsin as one of the ingredients, is the Siamese twin of Legion.

In some conditions there is a lack of hydrochloric acid, for instance. There can hardly be a failure in the crop of one of the constituents of gastric juice, and a normal quantity, to say nothing of quality, of another. Digestion cannot be healthfully performed without the acid in the stomach. To pour out pepsin would be a waste of energy. Consequently, when a disproportion exists, nature calls a halt on appetite. Most likely an appeal is then made to therapeutics to force digested food into the intestinal canal. Stuffing is not feeding, and frequently nothing is so scientific as nothing in the shape of starvation. Where constipation exists for want of secretory activity in the gastric glands, hot water makes an excellent prescription. Whether or not acid and pepsin could be added to it with benefit is an open question. The hot water would probably be absorbed before it reaches the part of the alimentary tract where the sluggish contents lie. It is supposed to act by causing secretion from the mucosa of the stomach; by expediting transpiration; by its depurative effect upon the kidneys and liver; by a tonic effect to heart and circulatory system, through the action of caloric on their nervous connections, and by increasing peristaltic motion.

Strong peristaltic motion must be accompanied by freer flow of intestinal liquids. The contents of the channel becomes softer in consistence, and the passage is lubricated, so that the onward movement is favored when muscular action is present. If such activity was induced without secretion, the contraction of the bowel upon its contents would cause irritation, pain and inflammation. The chemical constitution of these contents would not be affected by pepsin.

Digestion, for example in enteric fever,

must be carried on in the presence of a toxic ptomaine.

In tuberculosis, the bacillus or the product of its activity, complicates the problem of nutrition. The former condition demands rest; the latter does not call for digestive ferments any louder than for germicides to remove the obstacle to normal function.

All that is claimed for pepsin is that it aids stomach digestion. No virtue goes out of it to any systemic process. Its field is circumscribed to the pouch, called the stomach, which is, first, a receptacle; second, a depot of supply for the material of digestion; third, the place for the performance of so much of the function as can be accomplished in an acid medium. The applicability of an agent which would digest food anywhere in the channel is at least questionable. Only a part of the alimentary tract seems to be adapted to the process.

Nature winds her own clock. If portions of food prove too obstinate for cleavage and hydration, they are forwarded as rejected material. Frequently it is not power to digest articles of food which is demanded, but rather a change of food.

The division of the channel into such well marked sections, must bear some relation to function.

An Eyewash in Cases of Purulent Ophthalmia.

R	Acidi boricis.....	Siss
	Chlor. hydratis.....	Sii
	Acid salicylicis.....	grs. xx
	Lot. acid. carbolicis (1-100) ad.....	℥viij

M.—At frequent intervals the eyes must be washed with the solution, and compresses soaked in it must be kept continually applied to the eyes.

—*Med. Press and Circular.*

For Sweating in Phthisis.

R	Acid salicylic.....	2 gram.
	Aqua purac.....	10 "
	Alcoholis.....	6 "
	Glycerinae purae.....	4 "

M. Sig.—For hypodermic injection at bedtime, 2 cc equal to 20 cubic grams of salicylic acid are injected, repeated every four or five days.

—E. W. B.

Depletory.

R	Iodi pur.....	gram. .80
	Ol. terebinthinae.....	" 1.30
	Ol. ricini.....	" 2
	Alcohol.....	" 8
	Collodii.....	" 30

M. S. Apply daily for three days.

—*New York Medical Record.*

EUTHANASIA.

CHARLES B. WILLIAMS, A. B., M. D.,* PHILADELPHIA.

*"Inveni portum; spes et fortuna valet."**"I have found my Euthanasia, farewell to the battle of life."*

Euthanasia means an easy, happy death. The word occurs in Pope's *Dunciad*, and Lord Byron has a poem so entitled. Seneca, Marcus Aurelius, Sir Thomas More and Lord Bacon were all advocates of euthanasia, and have each written more or less upon the subject. Since then writers have at long and irregular intervals taken up the subject of euthanasia, but very little study has been given to it really; it should, therefore, be a sacred duty of every physician to make this subject a part of his studies, and in the words of Lord Bacon, "it should be as much his duty to smooth the bed of death, and render the departure from this life easy and gentle, as it is to cure diseases and restore health." And where there is no hope, after the physician has exhausted all the resources known to science and has found that it is a case not within his power, "to retain the ties of life," then it should be a grateful and sacred duty, nay, it should be the highest triumph of the physician to minister unto the wants of a dying fellow creature by effecting the Euthanasia.

Death is the separation of the spiritual part of man, the soul, from his body. Yet, in reality, we know not what death is, for "we cannot argue from *the reason of the thing* that death is the destruction of living agents, because we know not at all what death is in itself, but only some of its effects, such as the dissolution of flesh, skin and bones. And these effects do in no wise appear to imply the destruction of a living agent,"† no more, in fact, than the planting of a seed into the earth, for with its apparent dissolution or destruction the plant is born which, in a short space of time, buds and shoots forth its leaves and flowers and becomes a thing of joy to the heart of man.

The same fate awaits all, whether he be emperor or plebeian, rich or poor, a prince or a vassal. "When thou takest away

their breath they die, and are turned again to their dust." (Ps. civ. 29.) In the charnel house the skeleton or dust of the king will not be distinguished from that of his subject; and Seneca has truly observed that "in this world, men are born of unequal rank, but after death all will be equal."

When the act of dying has already begun, the following signs, first observed and tabulated by the Father of Medicine, Hippocrates, will be noticed: "The nose becomes sharp and pinched; the eyes are hollow and sunk in their orbits; the ears become pale, cold and shrunken, with their lobes inverted; the face is pallid, livid, or black." These signs conjointly have been termed the *facies Hippocratica*.

Contrary to popular belief, the process of dying, or the act of death itself, is *rarely* and exceptionally attended with pain or severe bodily suffering. Physicians who have had ample opportunities of observation from their connection with hospitals or in their private practice, clergymen and intelligent nurses will all bear witness to the truth of the statement.

Sir Benjamin Brodie, whose experience in death from surgical disease was vast, states that from his observation, the mere act of dying is seldom, if ever, a very painful process. Anyone who has had practical experience as an hospital interne will have observed that most all severe forms of injury resulting from railroad accidents, crushes, fatal burns, scalds, etc., while the patient may suffer acute pain early, and for a short time after sustaining the injury, yet as death approaches the end is not one of intense suffering but, on the contrary, is calm and peaceful. On the other hand, take some painful affections of the heart. Here, as in surgical cases, the same rule holds good. This may be exemplified by quoting the words of the celebrated English anatomist, Dr. William Hunter. A few moments before his death, turning to his friend, Dr. Combe, he said: "If I had strength enough to hold a pen, I would write how easy and pleasant a thing it is to die."

Persons who have recovered from apparent death by drowning have all, with one

*Ex-resident physician Pennsylvania Hospital; Dispensary Surgeon Methodist-Episcopal Hospital, Philadelphia.

† Vide Bishop Butler's Analogy of Religion, p. 94.

accord, stated that there was an entire absence of pain or suffering of any kind, while throughout the period of consciousness the mind was keenly active—thought succeeding thought with marvellous rapidity, the whole life of the person being reviewed during the short period of suspended animation. The same facts have also been observed by those who have been partially strangled or hanged. Lord Bacon, in his *History of Life and Death*, states: "I remember to have heard of a certain gentleman that would needs make trial, in curiosity, what men did feel that were hanged; so he fastened the cord about his neck, raising himself upon a stool, and then letting himself fall, thinking it should be in his power to recover the stool at his pleasure, which he failed in, but was helped by a friend then present. He was asked afterward what he felt; he said he felt no pain, but first he thought he saw before his eyes a great fire, and burning; then he thought he saw all black, and dark; lastly, it turned to a pale blue, or sea-water green; which color is also often seen by them which fall into swoonings."

Treatment of those dying: In many cases the consciousness and intelligence remain unimpaired to the last. It is in such cases that kind words and beneficent acts will go far towards assuring a peaceful end to the patient. "To the dying there is no greater solace and cordial than hope—it is the most soothing and cheering of our feelings, and if, when all hope of life and in the present has fled, the dying man can dwell with hope and confidence upon his future, it will be well for him. The retrospect of a well spent life, "*Memoria bene actæ vitæ, multorumque benefactorum recordatio*," is a cordial of infinitely more efficacy than all the resources of the medical art; but a firm belief in the mercy of God, and in the promises of salvation will do more than anything in aid of an easy, calm and collected death."*

As long as the dying person is able to swallow, wine, cordials, and food, in such a form as will prove most acceptable to the patient, may be given from time to time. Some may ask: Of what use is it to give nourishment and stimulants to a dying person? The mere fact of showing one's

concern for him about to depart this life, will be more than appreciated by the patient and will effect his euthanasia. Even our Lord did not disdain or refuse a cooling draught when suffering death. For when his expiatory sufferings on the cross were at the point of being finished, He said: "I thirst;" and the exquisite pain, heat and torture doubtless caused his thirst to be intense. Straightway then ran some of the soldiers, and filling a sponge with vinegar (a mixture of vinegar and water was commonly drunk by the Roman soldiers), they offered it to him upon hyssop. St. John (Chap. xix. 30) tells us that our Lord received and tasted the vinegar and immediately gave up the ghost.

The bed-chamber of the dying should be made as light and cheerful as possible, for the question at issue is the passage of a fellow-being into a life, it is to be hoped, that is spiritual and bright. And frequently the patient himself will exclaim: "Mine eyes fail me, my sight grows dim; give me more light." This dying request should be immediately granted, for it will not only lessen the cares and gladden the heart of the departing one, but it will possess an additional interest from the fact that it may be the last favor that we may be permitted to confer upon one who has been dear to us. It should not be forgotten that the sense of hearing in the dying is often very acute, and that it is one of the last of the faculties to be destroyed. Hence all loud conversation should be avoided, lest it interfere with the patient's peace of mind.

When the mouth and tongue are dry and parched, a few drops of iced-water or a small bit of ice will afford great relief to the patient. The drugs that will be of service in effecting the euthanasia are few indeed. They may be counted upon the fingers of one hand. Of these *opium* stands first, and next in order are *cannabis indica*, *cocaine*, *spirits of chloroform*, and *ether*.

Opium should rarely, if ever, be administered to the dying as an hypnotic, on account of the risk of throwing the patient into a sleep from which he may never awaken. The sole object for its administration should be for relief of pain. By the relief of pain, often an apparently refreshing sleep is induced from which the patient awakens more com-

* Vide *Euthanasia*, by William Munk, M. D. F. S. A. London, 1887.

posed, and he is thus able to depart more easily when his time comes. In cases of phthisis, or where opium is contraindicated, some preparation of cannabis indica may be administered, preferably the fluid extract or the tincture.

Cocaine in small doses may also be used where there is much tendency toward depression of spirits. Or in place of the alkaloid a mixture of the fluid extracts of cannabis indica and coca may be given.

And lastly, where there is great difficulty in breathing, whether from some disturbance of the heart or lungs, or where there is flatulent distension of the stomach or abdomen, a few drops of spirits of chloroform may be given, or of ether, best administered either under the form of Hoffman's anodyne or of "ether punch," the formula for which is the following:

R *Aque mentæ viridis*.....ss vs.
 Sacchari.....3ss.
 Acid. sulphurici diluti.....mxi.
 Spts. ætheris comp......f3ij.

Misce et ft. mistura.

Sig.: Para quarta pro dose.

Many cases will require no medication whatsoever, and in any case, probably, the

less medicine that is administered the better.

S. D. Williams, Jr., in an able article on Euthanasia, published in London, 1872, endeavors to establish the reasonableness of the following proposal: "That in all cases of hopeless and painful illness, it should be the recognized duty of the medical attendant, whenever so desired by the patient, to administer chloroform, or such other anæsthetic as may by-and-bye supercede chloroform—so as to destroy consciousness at once, and put the sufferer to a quick and painless death; all needful precautions being taken to establish, beyond the possibility of doubt or question, that the remedy was applied at the express wish of the patient."

The above statement would make an excellent text for a long essay or a spirited debate in a medical society. At the time of its publication it created no end of discussion. In answer to it:—It were better, by far, that chloroform had never been discovered, rather than it should ever be put to so base and awful a use as to wilfully take away the life of a fellow creature in order to effect his Euthanasia.

COMMUNICATIONS.

A CASE OF EXTREME LOW TEMPERATURE.

GEORGE R. DEAN, M. D., SPARTANBURG, S. C.

Mrs. S., sent for me on October 11, 1893. I found her dressed but reclining on the sofa. She had been complaining of pain in the calf of the left leg for several days, and upon examining it I found a plexus of enlarged veins, with knots outlying in several directions. The leg was not swollen except at the point where the trouble had occurred, a place as large as say the half of one's hand. There was pain and tenderness on pressure and some constitutional disturbance—not much, however; tongue coated; pulse a little fast and accentuated somewhat in its beat; bowels constipated. Gave small dose of calomel and soda every two hours for four doses, followed by salts. I bandaged the leg instructing her to remain perfectly quiet, to occupy a horizontal position as much as possible, and to be up only

when compelled to answer the calls of nature. This occurred on Tuesday 11. I did not hear from her again until that day one week, October 18, when I was called again. I found her in bed this time, with the leg swollen to the foot, and cedematous even above the knee. Temperature 101° F.; pulse about 90; skin looked sallow and thick. She seemed rather dull, just as would be expected from the trouble in the leg. This had extended on every side, and was very tender to the touch. Prescribed witch hazel, quinine with laxatives, and pressure by bandages.

I saw her every day for the next eight weeks, and during that time a succession of symptoms developed that were peculiar and some of them surprising to me. She early showed symptoms of disturbance of the brain and became to a certain extent

unmanageable. For instance, if medicine did no taste or smell agreeable to her she would not take it at all, and thus she would often go without medicine for a whole day, or until I could see her and change her prescription to a more agreeable dose. During the week following after my second visit her temperature rose gradually from 101° to 103.5° F., and the swelling in the left leg gradually increased until it had reached the hip. A condition of typhoid now developed and for three weeks the trouble in the leg was at a stand-still—headache, diarrhoea, tympany and the dull, sodden countenance, with the temperature ranging from 101.5° in the morning to about 103.5° in the afternoon; pulse full and strong; tongue dry, furred and red. Her mind at the end of four weeks from the beginning of last trouble, or about November 15, had become almost *nil*. She was unconscious of all around her save when aroused, and then no reliance could be placed upon her report of herself. Often she would tell long stories about herself that were totally at variance with facts.

At this time, as her fever began to decline, I suddenly discovered one day that her temperature had fallen to 97.5° . This I could not account for. The next day I found trouble in the bladder. It was tender, painful, and soon became paralyzed, and, my attention being called to the fact that she had passed no water for some time, save a little dribbling, I found it full, and emptied it. She had no sensation of distention, and when asked about it, said she had no desire to pass water. This kept up for five or six days, when she could again void the urine herself. Peritonitis followed and then I began to think the end was near, as did also Dr. Heinitch, who visited her with me. We could see no cause for the peritonitis save the sepsis from the original phlebitis. As this, under careful and supporting treatment, gradually subsided, her temperature began falling during several hours a day to 96° . After this trouble had about subsided, her heart became involved. She complained of great pain in this region, and a distinct systolic murmur could be heard at the apex. Temperature fell during this time to 95° for a few hours each day. As the heart trouble improved, pneumonia of right lobe set in, and with great difficulty she kept up the respira-

tions. Often they would amount to 60 to the minute, and one day, by actual count, they reached 72 per minute. I kept close to my patient now, as each day seemed to usher in some new trouble.

The pneumonia lasted six days, and she weakened perceptibly, but I had her take all the nourishment possible. Strychnine, digitalis and ammonia constituted my principal treatment, with counter-irritation and fomentations over the lung. The urine now showed much albumen, as would be expected, and in a few days cedema of the face, eyes and hands set in. Before this, however, both legs again became involved with phlebitic knots and corrugated varicose veins. I kept both bandaged from now on until convalescence was established. As the cheeks became cedematous, the temperature reached 93° for several hours each day. I thought surely the end could not be far away. I tested the temperature with three different thermometers, and they did not vary one-fourth of a degree. I could not take the temperature in mouth or vagina, for, notwithstanding my patient was in a partial coma, she would know when touched, and fight any and every one who did anything to her, save such as she herself wanted. Often for a whole day I could not prevail on her to take food and medicine or show me her tongue, and it was with the greatest difficulty that her wants could be made known to us, her speech was so indistinct.

Her right side now showed signs of paralysis. She ceased to move the right leg or arm, and would not change her position for days at a time. After some days the anasarca began leaving slowly, and my hopes were again elevated, as much as at the various stages they had been cast down. She began to eat and sleep better, and noticed those in the room and seemed to be better generally. On one of my morning visits a few days after these signs of improvement, I was told by the nurse that the temperature was down again—I examined and found it at $92\frac{1}{4}^{\circ}$. I knew there was some mischief somewhere brewing, so I examined every organ in the body to see where the stroke would be, but I could find nothing save slight tenderness of the bladder. The next day temperature 92° , coma almost complete, discharges involuntary, and nothing seemed to recall my patient to things around her. I detected a fearful odor in the room,

different from anything I had experienced before, and was told it was from the bowel. I could scarcely believe it and examined the bladder per vaginam and bi-manually. Upon pressure over that organ, and counter-pressure in vagina, with frequent and loud expulsive sounds of gas escaped from the bladder, and such an odor! That at once accounted for the disagreeable scent in the room. I at once began washing out the bladder with boracic acid, twice a day. For several days no improvement was detected. Enormous quantities of flatus and mucous membrane came off each day, but soon began to lessen, and in ten days all the trouble seemed to pass away.

The stomach, which always sympathized in her troubles, now returned to its wonted standard, and the appetite and digestion were all that could be asked. From this time on she steadily improved. Only one

serious relapse—after eating a quantity of hash, of which she seemed especially fond, she had an attack of cholera morbus which soon passed off.

Her temperature for several hours at a time would fall to its lowest ebb and in the last attack, fell to 92° five days successively, but at no certain period. It would be down to-day at 10—to-morrow at 5 A. M., next day at 5 P. M., etc.

On Feb. 11th, she took her first airing out-of-doors—and seems now to be regaining her [mental and physical] strength. The range of temperature here was extraordinary. The difference in the highest and lowest points being $11\frac{1}{2}^{\circ}$.

N. B.—One year after the above notes were taken down, this patient is well and attending to her domestic duties, apparently in better health than for several years previous to her illness.

TRAUMATIC MENINGITIS.

FRANK E. COUDERT, M. D.,* WALLINGFORD, CONN.

On March 8th, 1894, I was hurriedly summoned to see D. C., an infant girl, aged fifteen months.

The following is the history I obtained from one of the bystanders:

Mr. and Mrs. C—were out at the time of the accident, the child being left in charge of a competent (?) nurse. The nurse having work to do in the attic, brought the child along with her for safe-keeping. Suddenly D. C., who was just learning to walk, broke away from the girl and threw herself against the window, which was opened, and only four inches from the floor. She went head-first out, and landed upon her head on the ground beneath, a distance of thirty feet.

When I saw her, thirty-five minutes after the accident, her face was greatly cyanosed, respiration rapid and irregular, pulse small and feeble. I gave her twenty drops of brandy by the mouth. In a few minutes an improvement was seen. The face became normal in appearance and the pulse regular.

On examination the only injury I could

find was a slight brush-burn on the right side of the head, extending from the upper border of the parietal to the middle of the temporal bone. I gave strict orders to keep cold applications upon the head during the night. Five grains of bromide of potash were given every four hours throughout the night. She passed a comfortable night and a good forenoon. On the afternoon of the 9th, a marked change for the worse occurred, being in a comatose condition with a marked strabismus; temperature 103° , pulse 140.

On the 10th, at 9 A. M., Dr. W. S. Russell was called in consultation. We agreed that we had a case of traumatic meningitis to deal with, and the following plan of treatment was settled upon.

Constant application of cold to the head (the cold coil being used). Five grains of bromide potash every four hours; one-quarter of a drop of tincture of cantharides with two grains of iodid of potash every six hours. A cantharidal blister behind both ears. Brandy P. R. N.

Early in the morning of the 11th, our patient was in a state of collapse. Hot water and milk were used per rectum, while small doses of compound spirits of

* Member of the New York County Medical Association and the Connecticut State Medical Society; Town Health Officer.

ether were given by the mouth. She responded well to this treatment, and in a comparatively short time was safe from immediate danger. On the 12th, her temperature was normal and remained so until the 14th. When I saw her on this date, convulsion followed upon convulsion in rapid succession. While examining the head, my finger by accident got into her mouth and came in contact with a protruding tooth. To me this was a revelation. I made a free incision over the upper

and lower gums. After this small operation the improvement was marked. She made a rapid and complete recovery.

During the whole of her illness, nourishment was taken willingly every four hours.

When the inflammatory condition of the brain ceased and when dentition began, I am unable to say.

The urinary suppression was promptly relieved by hot fomentations.

DIABETES MELLITUS.

MILES D. GOODYEAR, M. D., GROTON, N. Y.

That the following rare case may go on record, I give a condensed review of it.

About September 15th, 1893, Mrs. C. M., came into my office and presented her little son who, she said, gave her much trouble with his nocturnal incontinence of urine. I gave her statement of the child's fall from his little wagon and subsequent pain in the back, but little attention, and prescribed the usual treatment. When next I was in the family, some time about November 1st, the mother said she had no trouble now with her little boy if she took him up once, and sometimes he would lie all night. This is the same old

story physicians hear every day. But on November 29th, I was called to see the little one again, and found he had gradually grown thin, his lack of strength was surely showing itself, and the mother said, *he wants water twenty times a day*. I examined his urine and found it alkaline, sp. gr. 1050, and heavy with sugar. I took some to my office and under several tests, verified my previous examination. He passed from eighty to ninety ounces of water a day during the last week of his suffering, and on December 9th, at the age of two years, three months and thirteen days he died.

There was no enlargement of his liver.

TRANSLATIONS.

THERAPEUTICAL SUGGESTIONS FROM FOREIGN JOURNALS.*

TECHNIQUE OF LABORDE'S RHYTHMIC TRACTION OF THE TONGUE.

Dr. Laborde (*Le Bulletin Medicale*, No. 40, 1894) in the employment of his procedure, which is said to be indicated in all varieties of asphyxia, proceeds as follows: Seize the anterior third of the tongue either with a towel or with the bare index finger and thumb, and exercise from fifteen to twenty times a minute, strong traction. This is repeated at measured intervals and followed by relaxation of the tongue, thus imitating the respira-

tory movements. During the tractions one should be able to feel that a fair amount of strength is brought to bear at the root of the tongue, which in apparent death will yield more readily to traction than normally. When a certain amount of resistance is beginning to be perceived, then the respiration is becoming re-established and life is reappearing. Then one or two swallowing movements are made, and followed by a crowing inspiration—le hoquet inspirateur. If the jaws are clenched, open them with the ordinary measures. If the patient be a person who has been more or less drowned, while

* In charge of the Translator, F. H. Pritchard, A. M., M. D.

making rhythmic tractions with the right hand, introduce the index finger of the left hand into the pharynx to provoke attempts at vomiting. In the asphyxia of the new-born, a pair of forceps would be more convenient, though they are not absolutely necessary. It is of the greatest importance to continue the tractions with persistence, without cessation or discouragement, for a sufficiently long time, for fortunate results may be obtained after a half hour, an hour, or even longer, with the uninterrupted use of this measure. The procedure is very simple and easily carried out by any one. The object is not to cause air to enter the lungs, as with the methods of artificial respiration, but to induce spontaneous respiration by stimulation of the terminations of the superior laryngeal and glosso-pharyngeal nerves, which reawaken the bulbar respiratory centre, and thence lead to contractions of the diaphragm and thoracic muscles.

DERMATITIS FROM IODOFORM.

Dr. Matschke (*Deutsche Medizinische Zeitung*, No. 41, 1894) has observed some twelve instances of dermatitis from iodoform on himself, of which he reports the most striking. The first was that of an incised wound of the cheek where iodoform was dusted on. Violent itching of the face was observed, and on removing the dressing a number of small vesicles filled with a clear and watery serum came into view. These burst and became covered with crusts; the eczema disappeared in about five days. In the second, an incised wound was tamponed with iodoform gauze. The dermatitis not only appeared on the face, but also the hands. The vesicles were deep in the skin, so that they could not be pressed out, but had to be opened with a needle. Again, while tamponing the uterus, in a case of abortion, with iodoform gauze, he found the following morning the right and then the left hand cedematous, reddened and covered with innumerable vesicles. This time the eruption was obstinate to every method of treatment, and the application of a fifteen per cent. watery solution of thiol finally dried up the oozing eruption, which also had extended to the face. The fourth time, after removing a strip of iodoform gauze from a crucial incision in a carbuncle, the next day he was

seized with the itching vesicles on his hands and, later, on his face. This time the eruption lasted over two months, and for four months after healing pigmented spots were still to be seen at the place of eruption. From these observations the writer is inclined to think that in certain persons iodoform is capable of producing dermatitis.

PALPITATION OF THE HEART IN NEURASTHENICS.

Dr. Zerner (*L'Union Médicale du Canada*, No. 5, 1894) recommends in the palpitations of neurasthenics, the following formula:

R	Pyrophosphate Iron.....	grs. liv.
	Bromide Zinc.....	3iv
	Tr. Digitalis.....	3iv
	Ergotine.....	3ij.
	Syrup Orange Peel.....	3vj.
	Distilled Water.....	3iij, 3iiij.

One to three teaspoonfuls a day.

CALOMEL SOAP IN SYPHILIS.

Dr. Monties (*Journal Des Maladies Cutanées Et Syphilitiques*, No. 4, 1894) has employed a calomel soap for inunction in syphilis and has obtained as satisfactory results as Dr. Watraszewski. His formula is as follows:

R	Caustic Soda.....	100. | o (3iiij. 3j.)
	Caustic Potash.....	40. | o (3j. 3ij.)
	Oil Sweet Almonds.....	300. | o (3ix. 3iiij.)

Add the two caustic alkalis to each other and pour them little by little into the almond oil stirring well all the time. Heat the mixture up to 90°-100° C., on a water bath, for three or four hours. Stir frequently, pour into moulds and leave it exposed to the air, at a temperature of 20°-25° C. Little by little, one will obtain a white soap of the consistency of lard. This is the soft potash soap. One may incorporate as much calomel as desired into the soap.

The following formula is convenient:

R	Soft Potash Soap.....	100. | o (3iiij. 3j.)
	Calomel.....	60. | o (3j. 3vij.)
	Oil sweet Almonds.....	20 | o (5vj.)

This preparation is convenient on account of its cleanliness. The same quantity of mercury is found in the urine as with mercurial ointment. He thinks that it might easily be employed as a substitute.

IRRITABLE COUGH.

In *L'Union Médicale du Canada*, No. 5, 1894, the following formula is highly spoken of for an irritable cough:

R	Dilute Hydrocyanic Acid.....	3jss.
	Acetate Morphia.....	grs. jss.
	Mucilage Gum Arabic.....	3j.
	Syrup Wild Cherry.....	3iv.
	Water, ad.....	3vj.

IODIDE OF POTASH IN CHRONIC URTICARIA.

Dr. Stern, (*Revista de Ciencias Medicas de Barcelona*, No. 9, 1894), on account of the value of the iodide of potash in asth-

matics who often suffer from urticaria, tried it in cases of uncomplicated chronic urticaria where the usual means had failed. He has treated with success four rebellious cases; a fifth was acute and of five days duration. None of these cases were syphilitic. All he cured rapidly by the administration of a solution of potassic iodide in the proportion of 2.5:100.0; of this three soup-spoonsful, three times a day. In a case which had persisted for four months, the atrocious itching disappeared on the second day of treatment; a complete cure was obtained after taking ten grams, (3ijss), of the drug. In two other cases of longer duration, two and a half and six years respectively, the effect was similar and a definite cure followed after ingestion of respectively twenty-five and seventy-five grams of the iodide. Finally, in two others, one an acute and the other a recurrent case of three years duration, the drug increased the pruritus at first, though this was but transitory and a cure was obtained with five grams. These observations though not numerous, indicate that the iodide of potash is worthy of being classed amongst the remedies for urticaria. He also referred to a case of chronic urticaria successfully treated by Wilson with this same drug.

RESORCINE IN ULCER OF THE STOMACH.

Dr. Pope (*Memorabilien*, No. 2, 1894), recommends a two per cent. solution of resorcin as the most efficacious remedy in the treatment of round ulcer of the stomach. A tablespoonful before each meal. Also rest and appropriate diet.

FEVER OF TUBERCULOSIS IN CHILDREN.

Dr. B. Rachford (*La Semaine Médicale*, No. 31, 1894), in the fever of tuberculosis in children, advises the following salve:

R	Guaiacol,	āā	4	|	o	(3j).
	Lauroline	.....	30	|	o	(3j).
	Lard	.....				

Rub a piece of the size of a small nut, every evening into the thorax.

TREATMENT OF THE CARDIAC WEAKNESS OF ARTERIO-SCLEROSIS.

Dr. A. Smakowski (*Memorabilien*, No. 2, 1894), has employed the usual treatment of the final period of arterio-sclero-

sis which is accompanied by cardiac weakness, as valerian, ether, digitalis, strophanthus, caffeine, etc., and in two cases has observed embolism of the cerebrum—arteria fossæ Sylvii—to follow. He thinks it more rational to administer in such cases only narcotics. These relieve the heart in that they act as sedatives to the nervous centres. Choral hydrate and small doses of morphine were used by him. During the attack he administers:

R	Chloral Hydrate	.....	aa	4	|	o	(3j).
	Bromide Sodium	.....				
	Codeine	.....				
	Distilled water	.....				
	Syrup Orange Peel	.....	aa	45	|	o	(3j 3iij gttss. xv.)

A tablespoonful every two hours until the patient becomes quiet. Not more than three tablespoonful in succession.

Besides ice is applied to the region of the heart, subcutaneous injections of morphine are given ($\frac{1}{4}$ gm.), absolute rest and a light diet. After the patient has been quieted he then administers heart stimulants.

EAU DE COLOGNE IN COLDS IN THE HEAD.

Dr. Roux (*Norsk Magazin for Lægevidenskaben*, No. 5, 1894) recommends Eau de Cologne in the treatment of acute rhinitis. A little is poured onto a handkerchief and inhaled forcibly for several minutes through the nostrils. This is repeated five to six times a day. In eleven cases he has observed good results, even in cases where there was a slight rise of temperature. He thinks that thus he has been able to abort a cold for several of his patients, who when they would take cold in the nose it would be followed by a tracheo-bronchitis. The remedy was of the following composition:

R	Ethereal Oil Bergamot	.....	10.	|	o	(3ijss.)
	" " Sweet Orange	.....	10.	|	o	(3ijss.)
	" " Lemon	.....	2.	|	o	(gtts. xxx.)
	" " Rosemary	.....	2.	|	o	(" xxx.)
	" " Bitter Orange	.....	2.	|	o	(" xxx.)
	Alcohol, 900	.....	100.	|	o	(3iij 3j.)

PILOCARPINE IN PANCREATIC COLIC.

Prof. Eichorst (*La Semaine Médicale*, No. 31, 1894,) in a case of pancreatic colic; pain in the right hypochondrium, fever, ptalism and intermittent glycosuria, caused the pain and other symptoms to disappear by hypodermic injection of, at first, one c. cm. of a 0.5 per cent. solution and later, that quantity every two days. The drug favors expulsion of the pancreatic calculi by increasing the secretion of pancreatic juice.

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SATURDAY, JUNE 30, 1894.

EDITORIAL.

STYLE IN MEDICAL WRITING.

The late Dr. John Brown, whose *Horæ Subsecivæ* a doctor will not fail to read, and having read once will read again, said that our medical writers now-a-days, with a few signal exceptions, write ill; that they are slovenly, diffuse, often obscure and curiously involved. Among the reasons given by Dr. Brown for this condition are, the enormous amount of merely professional knowledge a man is expected to master before he writes on any subject, and the absorbing nature of the new methods.

One of the causes of bad writing in modern compared with ancient times, which applies of course not exclusively to medical literature, is punctuation. It can be readily understood that those writing before the art of punctuating obtained, were compelled to be very accurate in syntax, else the force, if not the meaning of the utterance would be lost. It was also impossible for them to make the long sentences we find to-day, especially in many German writers. Punctuation

came with typography, and as a consequence we may meet now and again a sentence crowded with clauses and qualifications, sometimes indeed not free from episodes, so that the chief thought, or thoughts would be lost were not a clue given by punctuating marks. The witty New York lawyer and statesman, who is famous for his prolix passages, once answered a critic by saying, "Criminals always object to long sentences." But in composition such sentences weary the reader and often obscure the thought. The error referred to may result from the employment of unnecessary words. How often, for example, a noun strong enough in itself is loaded with two or three adjectives; the writer is straining after effect, as it is called, and in the effort loses it. Further, unrelated things are dragged into a sentence, making an incongruous mass of words, and length, not beauty or strength, results. Clear thinking will lead to clear and condensed expression. Life is short and

time is fleeting, especially with the doctor, and he greatly prefers extract of beef, or a good steak or roast, to being compelled to devour horns and hoofs, tail and tallow, skin and bones in getting his needed nutriment.

The medical writer should take for granted that his readers know something—it is not necessary for him to tell them how to spell baker—and hence let him omit all unnecessary facts and details in his communication: thus doing he will have more readers, and they will know more.

We have alluded to straining for effect, in one of its forms, as an error in writing. There are other ways in which this is intentionally done. For example, there are writers whose style is purely artificial, who affect tricks of words, peculiarities of expression and extravagancies of statement, as if they were shouting, "Listen to me!" Whatever is well-said carries in itself the call for attention; hysterical rhetoric, which has no more force than foam upon the waves, is not needed; nor is mental tympany, which goes off with a great noise and nothing else. Such writers are in no respect good models of style.

As little worthy of imitation is the egotism manifested by some writers. Money-making is the chief purpose of their lives, and their goods have a trade mark. I is so often repeated in their writings, the egotistic nature is so plainly and painfully apparent, that the first person singular cases to be singular, is indeed multi-plural, and one finds I as frequent on a page as eyes of another sort are numerous in the tail of Juno's bird. To the unwary it seems as if these egotists possessed all wisdom, knowledge and skill, they only understanding what to do, and how to do, and to them let all patients be consigned. That this sort of work pays, as the saying is, seems evident from the large number engaged in it.

Nevertheless, the best professional work, the most useful and abiding, must be that

stimulated by unselfish motives and a high ideal. The honest and conscientious physician will especially ponder the wise words of Lord Bacon, so applicable to medicine, that "knowledge is not a shop for profit and sale, but a rich storehouse for the glory of the Creator, and the good of man's estate."

So many topics crowd upon us, and space is so limited, that we are compelled to restrict the conclusion of this article to some remarks upon the means by which a doctor may acquire a good style.

As our manners are largely formed by the society in which we move, so our writing depends chiefly upon the authors we read. Among medical writers none is superior to Watson. It is a pity that his work on medicine is no longer a text-book, for its study would be most helpful to young doctors in acquiring a style at once clear, strong and graceful. It would be well for the physician, though having more recent volumes upon practice in his library, still to keep that of Sir Thomas Watson, and to read in it from time to time. Works upon diseases of women and upon diseases of children are numerous, but we know none equal so far as literary merits are concerned, to those of Dr. Charles West. We have sometimes wondered whether the multiplicity of illustrations, plates and wood cuts, furnished for professional books now-a-days has not caused carelessness in writing; for why describe accurately and clearly, why make a word-picture, when an illustration can be used?

While selecting Watson and West as models of medical writers, other names could be mentioned of men whose pages delight while they instruct, but we must pass to general literature, making brief reference to the part which the study of certain authors or books contributes to the obtaining of a good style.

The Bible should be placed first among books of study for this purpose. Colé-

ridge said, intense study of the Bible will keep any writer from being vulgar, in point of style. We add that such study will help give clearness, simplicity, beauty and strength of style. And here permit an apparent digression. An authority in architecture once said, if you are in doubt as to the color your house in the country should be painted, pull up a native shrub or small tree, and notice the color of the soil that adheres to the roots. That should be the color of the house. So, too, if one observes the language used by plain people, men and women of average education, when a great trial or sorrow comes to them—some deeply rooted object of love torn from their hearts—he will often be struck with the simple strength of their words; he will have a higher appreciation of the English tongue, and learn an important lesson in its use. Now these plain people to whom we refer, most probably are more familiar with the Bible than with any other book, and chiefly got from it their mode of speech.

All are familiar with Johnson's remark: "Whoever wishes to acquire an English style, familiar but not coarse, and elegant but not ostentatious, must give his days and nights to Addison." We would like to add several other names to that of Addison, as authors to be read in the study of style. We urge a place for Swift, who wrote with such perfect command of language, and so accurate a discrimination in the choice of words; we wish that doctors would read Fielding, and it would be unfair to one of their own guild to omit Smollett. Southey will be read, at least that quaint volume so rich in various learning, "The Doctor." Of course they read Shakespeare, and an occasional page from Jeremy Taylor will enrich their minds with noble sentiment, classic learning and poetic imagery. It would be professional disloyalty not to read Sir Thomas Browne, more especially "Urn-Burial," "Christian

Morals, and last, though not least, *Religio Medici*.

Let us say a word for Coleridge. More than thirty years ago an American physician was the guest of an eminent member of the Dublin profession, and one evening the conversation happened to be upon this great philosopher and poet, when the Dublin doctor gratefully spoke, "Coleridge taught me how to think." The "Aids to Reflection" had been the special means of instruction to this distinguished doctor and author, long since dead. And therefore we urge at least this volume upon doctors who desire to know not only how to think, but also how to write.

The list of authors is by no means complete; we could justly add the names of Pascal, Macaulay, Emerson, Holmes and Ruskin, and advise occasional reading of DeQuincey to note the careful selection of words and their admirable arrangement so that a sentence is built up like a Grecian temple, perfect in beauty and strength. Among poets in the doctor's library, we ask a place for Tennyson, Mrs. Browning and Longfellow.

But for the present we dismiss the subject, trusting that some little has been said which may be helpful to the writers of the profession, who may be sincerely desirous of acquiring a style which shall be attractive and effective in communicating their thoughts.

Sciatica.

R	Tinct. aconite rad.....	4 gram.
	Tinct. colchici sem.....	4 "
	Tinct. belladonnae.....	4 "
	Tinct. cimicifugae.....	4 "
M.	Sig.—Twelve drops every four to eight hours.	

Laryngitis.

	Tinct. aconite rad.....	15 gram
	Sig.—One drop every hour in water. Best results when following a dose of castor oil.	

—Sargins

Antiseptic Solution.

R	Acid thymic.....	1 gram
	Alcohol, at 90 per cent.....	4 "
	Aq. destil.....	995 "

—Medical Record.

SOCIETY REPORTS.

ORTHOPÆDIC SECTION, COLLEGE OF PHYSICIANS.

April 20th, 1894.

DR. T. G. MORTEN PRESENTED, THROUGH
DR. WOODBRIDGE, CASES OF DOUBLE
EQUINO VARUS WITH REMOVAL OF
ASTRAGALI.

Case I. Mary J. McK., one year, ten months old; living at Bryan Mawr, Pa., congenital, uncomplicated, talipes equino-varus. Operation of division of tendo Achilles performed February 21st, 1894. Posterior right-angle tin splint for a week, followed by ordinary brace, side steel support. April 20th, apparatus discarded every other day and plain shoe allowed. Foot in good position. Result perfect.

Case II. Benj. Jordan, two and a half years old. Living in Philadelphia. Double uncomplicated, congenital talipes equino-varus. April 5th, 1894, operation of division of tendo Achilles and tendon of anterior tibial by open incision. Rectangular, posterior splints, dressed a week after operation. Also division of flexors of all toes.

Case III. Orm Gantt, 5 years old, living at Island Heights, N. J. Admitted into the Orthopædic Hospital January 17th, 1894, with the statement that he had been deformed ever since birth; having double Talipes equino-varus so that in walking his feet were turned in, so that he walked upon the dorsum of each foot. When 8 months old he had been operated upon at the University Hospital. He then wore braces until 3 years of age. He did not remain in the Hospital after operation and the after treatment was probably neglected.

After admission, his feet were poulticed for three nights, in order to soften the callus on the dorsum of each foot. The operation was performed on the 25th of January. Dr. Morton severed the flexor tendons of all the toes, the anterior tibials and the tendo Achilles of each foot. He also made an incision three inches in length on the outer aspect and dorsum of the feet through the callus, and simultaneously removed the astragalus and part of the cuboid bone of each foot. The rectangular, posterior, tin-splints were used as in the other cases. There was no rise in temperature after operation. Dressed for the first time on the 8th of February. Wound well healed. He continued to wear the rectangular tin splint until March 3d, when braces were applied which he is still wearing. Feet are now straight and in good position. Wounds entirely healed.

DISCUSSION

DR. G. G. DAVIS: There are two things in regard to this case which occurs to me. First, as a rule I do not believe in open incision. The only advantage is when one cuts down upon bundles of contracted tissue; but in division of a healthy tendon, in an equally healthy patient, I do not think it necessary. In a case of torticollis where we have dangerous structures in the neighborhood, and where there are contracted tissues and a tendon that does not slide in a synovial sheath, then I would use an open incision.

Some time ago I showed at the County Medical Society several cases of wedge-shaped resection. As for myself, I have never seen a case at the age of five years in which I could operate upon the bones. In one case which I showed at the College of Physicians, aged six or seven years, the child walked upon the dorsum of the feet, toes pointed toward each other and the sole vertical, yet it was cured without operating on the bones. The bones in cases of this age are soft. I showed an astragalus, removed by another surgeon, which was so soft that I could push a pin through it, with my finger, in all directions.

I do not believe that excision of the astragalus alone, in cases which demand operation on the bones, will straighten the foot; therefore when bone is required to be removed I believe the deformity can only be rectified by severe measures. In removing the astragalus, a portion only of the obstruction is removed and the external arch is left intact, and the deformity which remains is so great that it demands further procedures on the outer side of the foot, such as a removal of a portion of the cuboid or anterior portion of the calcaneum. A foot that can be straightened by removal of the astragalus alone is usually one which can be cured without operation on the bones.

DR. WOODBRIDGE: I thank the Section for the courtesy of allowing me to present these cases, and as I have another engagement I will not enter the discussion. I have only one word to say, I understand that Dr. Morton never removes an astragalus when it is in place; it is only when it is deformed.

DR. DEFORD WILLARD: In tenotomy of the posterior tibial tendon, especially in fat infants, open incision is desirable. No surgeon, however, works in the dark in sub-

cutaneous section of the tendo Achillis and this method is just as exact as the open one since an amount of material will be thrown out, proportionate to the separation of the cut end.

ABSTRACT OF "REMARKS ON THE USE OF A BRACE IN LATERAL CURVATURE FROM EMPYEMA."

DR. G. G. DAVIS: At a recent meeting of the Section, when I exhibited a patient about 7 years of age wearing a brace for the correction of lateral curvature resulting from empyema, the views expressed by some present were so at variance with my own, as to induce me to more carefully examine into the subject and ascertain whether the brace, as ordered, was likely to be of service and desirable.

A discharging sinus, existing in the left chest wall of the child for more than a year, was only recently cured. Examination posteriorly showed the whole trunk, from the pelvis upward, inclined toward the right side with a slight lateral curvature in the upper dorsal region, the convexity being to the right. The right shoulder was higher than the left, and the right scapula formed quite a prominent projection. Laterally, there was a slight forward inclination of the right shoulder which increased the prominence of the right scapula. On the left side there existed the scar and depressed cicatrix where the ribs were excised; and contraction of the altered intra-thoracic tissue had taken place, accompanied by sinking in of the chest wall and lowering of the left shoulder.

As the general object in using braces and apparatus is to correct certain alterations in the form of the body, let me examine the mechanical problems suggested and the means taken to solve them. First, then, as the deformity was confined to the upper portion of the body, therefore the means of correction were applied to that part. Again as the lower portion of the body was normal, it furnished a fixed point of support for the application of the correcting force, consequently a steel band was made to encircle the pelvis between the great trochanters and the crests of the ilia, and fastened in front by a strap and buckle. To increase the hold of the band, a wide linen belt was attached to it, and reached from the trochanters to the ribs. It was secured by two buckles in front. Four steel uprights were attached to the steel band, one under each axilla, and one on each side of the median line posteriorly. A transverse steel bar was fastened to the upper ends of the uprights, and curved so as to be high in the middle of the back and low under each axilla, forming a crutch.

Placing the child on his back and firmly strapping on the brace, corrected the lateral

deviation of the trunk. Next, to correct the elevation and forward inclination of the right shoulder and accompanying projection of the scapula, a strap was passed from the anterior end of the right crutch over the shoulder and attached behind. This drew back the shoulder and corrected the tendency to stooping. Finally, to make lateral pressure over the projecting lump in the right upper thoracic region, a wide elastic band was fastened by straps to the right axillary upright on the left side of the spine. This made excellent pressure and completed the requirements of the brace. An apron had been attached by the mechanician, but as there was no necessity for it, I removed it.

In another case, instead of fastening the elastic band to the axillary upright, I shall attach it to one running between the anterior extremity of the crutch to the pelvic band, and so obtain a more directly lateral force. This brace offers no hindrance to the free expansion of the contracted chest, and in no way prevents the patient from running, playing, or indulging in exercises and gymnastics, such as swinging from rings, horizontal bars, etc. Morning and evening, after removing the brace, he exercised by bending forward and backward and from side to side. The most important principle involved in the use of the brace in this class of cases is the means to be adopted to secure the expansion of the affected lung and chest wall. Is it better to allow a patient, with a recently healed wound and a marked deformity, to go without any attempt at correction on our part, or should we, by a portable brace, endeavor to maintain a gentle and persistent pressure on the distorted parts which will cause the contractions to gradually yield, yet not interfere with the expansion of the affected lung; while at the same time, the child is prevented from assuming any posture favoring persistence of the deformity? I have preferred the latter with such exercises as he can take, believing it much more efficient than the spasmodic stretchings of intermittent exercises, interspersed with periods in which the body will be inclined to the affected side and every opportunity given for contraction to take place. After the deformity has been partially reduced and the tendency to assume objectionable positions somewhat overcome, the brace may be discarded and therapeutical gymnastics alone employed.

SCOLIOSIS.

DR. J. HENDRIE LLOYD: I have no set paper. I simply wish to make a few remarks and to show a few photographs. I think the nervous origin of the disease is not sufficiently recognized by surgeons. It is important that it should be. It is seen especially as a complication of nervous diseases, as syringomelia. In a recent monograph, Bruhe says

that in fifty per cent of cases of syringomelia, scoliosis occurs. Some of these cases are also associated with marked kyphosis.

One case of syringomelia has come under my notice in which the deformity was similar to that shown by the skeleton here exhibited. One point in connection with scoliosis in syringomelia, is shown by this photograph. In some cases when the patient is in the recumbent position, the deformity is obliterated. This case, seen in the photograph, simulates torticollis, because the scoliosis is high in the cervical region.

The second case with which scoliosis is associated is Freidrich's ataxia. It is a disease of the spinal cord, seen in childhood, and we are apt, again, too frequently to overlook it. It is allied to another form of disease which we may call disatropy. I have under my care, at the Home for Crippled Children, a girl, aged eleven years, in whom there is marked muscular disatropy; there is secondary affection of the joint at the knee and ankle, and there is scoliosis. While not a typical case of Freidrich's ataxia, it is closely allied to it. There is probably some change in the tissue of the spinal cord. The photograph of the case shows the deformity at the knee and ankle, but even while lying in bed, the twisting of the knee can be seen.

The last form of nervous disease which is confounded with scoliosis is shown by this photograph; the case had been under the care of a surgeon. When I went on duty at the Methodist Hospital, I found this woman with the affection of her knees; the surgeon had tapped them. As the case did not seem to progress, it was turned over to the Medical Wards. I was struck by the peculiar deformity of the hand which neurologists call "main en-griffe." There was complete atrophy of the shoulder girdle. There was marked scoliosis. In short, the woman had muscular atrophy affecting the shoulders, arms and hands, with spastic symptoms in the legs, and with scoliosis and arthropathies. There were no sensory symptoms. The case was doubtless allied to syringomelia. It is interesting to note that it had been regarded and treated as a surgical case.

A number of hypotheses could be advanced to account for scoliosis. One observer says that all cases of scoliosis are allied to arthropathies; for instance, it is identical in the joints of the spine with arthropathies in the knee. Roth says it is due to muscular atrophy. Another hypothesis is that they are distinct trophic lesions, something like progressive atrophy.

When a case is of nervous origin, the scoliosis, to a certain extent, is an evidence of Nature's effort to put the diseased spine in a better position. I never saw a case which would tolerate an apparatus. Most of the

cases suffer great pain if attempt is made to straighten the spine. I recently admitted to my ward in the Philadelphia Hospital a young woman affected very similar to some cases already mentioned; there is marked progressive muscular atrophy. She could not bear a brace of any sort. My remarks are entirely from the standpoint of a neurologist; I say nothing about the condition associated with empyema.

DISCUSSION.

DR. C. K. MILLS: I have had two cases of syringomyelia in which syrial curvature was present. The cases of degenerative disease, and syringomelia in adults, are not the ones most likely to show deformities, but these occur most frequently in Freidrich's ataxa and the affection closely to it, pathologically, which show themselves early in life; but even in adults lateral curvatures do take place. I believe with Dr. Lloyd that little can be done with apparatus. In many other degenerative embryonal diseases, which are due to arrested development, my experience teaches me that little can be done either by operation or by apparatus, especially for the porencephalous cases. In spastic cases, either unilateral or bilateral, some advantage can be gained as to position, but nothing more.

DR. G. G. DAVIS: The orthopaedist ought not to be too strictly called to account, because I think they would not put on an apparatus for an advanced case of pure nervous disease, except as a palliative measure. Much can be done by apparatus and it depends upon the nature of the case greatly. If an apparatus will give any additional comfort to the patient, it is oftentimes advisable to order it. In regard to the cases referred to by Dr. Lloyd: in Freidrich's ataxia, a light brace might aid in supporting the body, and in Charcot's joints, a mechanical appliance does for a time support, and gives at least some slight relief, which is more than can be promised by medical treatment. I believe in the necessity for recognition of the points of a case, but I do not think that the application of apparatus is always useless.

DR. J. Hendrie Lloyd: I should like to ask Dr. Davis if he would put an apparatus upon a Charcot joint. It is a matter of interest to me as a surgical question, and I should like to hear it discussed. I think, in these cases, the surgeon sometimes does not recognize the exact nature of the difficulty. I know of one case, however, in which a surgeon operated on a spinal arthropathy, the exact nature of which he did not recognize, and in which marked benefit resulted from the operation.

TORTICOLLIS.

DR. C. K. MILLS: The patient shown here to-night came to the Polyclinic Hospital

last week. I have not full notes of the case, but the history is as follows: The man is thirty years of age, a painter by trade. The difficulty started slowly; at first he experienced trouble in holding his head still. When reading a paper, in spite of everything he could do, his head would slowly turn to the left. He has no pain, but this has persisted and is slowly growing worse. The case is one of a class somewhat common, and, as we all know, most difficult to help. I have had considerable experience in what is termed spastic torticollis, both of the tonic and clonic varieties; they are most obstinate and may resist treatment for years or forever. One case in particular occurs to me, a patient whom I showed at my clinic, and an account of which was reported in the *University Medical Magazine*. She has three surgical operations on the spinal accessory, and she had been burnt with a hot iron many times, but no help was obtained. I have brought* this man here to-night to obtain suggestions as to treatment. I have seen cases get well, but it is an affection difficult to cure because we do not recognize the underlying anatomical conditions.

DR. J. HENDRIE LLOYD: It is my opinion that torticollis involves a problem which we do not all understand. Prof. Ferrier and Mr. Horsley advanced the theory of a localizing torticollis centre; at that time we were ready to localize anything and everything. But certainly we do not understand the condition.

A paper on "The Treatment of Scoliosis by Free Movements and Apparatus," was next read by Dr. Randolph Fairies, in which he held that as the deformity is due to the concerted action of certain muscles or groups of muscles, therefore these should be kept inactive until their antagonists have been developed by means of exercises and gymnastic apparatus, sufficiently, to counteract the power exerted by the former ones. Also that the deformity, being compound, should be corrected in the same order as it occurred, that is, the rotation is first corrected, then the lateral curvature.

DR. WM. J. TAYLOR: I regret that I was not present at the reading of Dr. Fairies' paper, as I am particularly interested in the treatment of spinal curvature by gymnastic exercises. I am glad to say, however, that such portion of the paper as I had the pleasure of listening to meets my views entirely. But, for the reason already given, I am prevented from discussing the paper intelligently.

DR. C. K. MILLS: I quite agree with Dr. Fairies as to his method of treating spinal curvatures, but the difficulties in the way are great. Little can be done in this direction until the colleges set the example, and until,

in connection with every hospital, a room is set apart for this purpose and is put in charge of a competent assistant, who can carry on the work year after year.

It is essential that we should impress upon ourselves and our patients that this treatment should be carried out systematically for two or three years if necessary. Great steps in advance will be made when the teaching institutions lead the way. One of the tendencies of modern medicine is in this direction, and steps should be taken immediately to further and further advance the treatment.

DR. G. G. DAVIS: Lateral curvature is a subject much considered by the orthopaedic surgeon, and for it, much good can be done by gymnastics. There are two classes of such cases. In the mild ones, where the muscles are at fault, and the spine itself comparatively healthy, therapeutic gymnastics are of no service. But there is another class in which the pathological process is more profound and in which the bone and ligamentous tissues are likewise affected, and as the spine is the organ for keeping the body erect, the simple weight of the body which is supported by the spine will tend to cause curvature of it, and the tendency to distortion is increased by the efforts of the muscles on both sides of the spine. I believe that where this condition exists, the spinal column will give way and deformity will occur rapidly; in these cases exercise is of little or no service. I believe that there are cases of lateral curvature which might be termed malignant. The deformity goes on increasing, and in spite of most careful treatment, the patient rapidly grows worse.

DR. RANDOLPH FAIRIES: The most essential point is the fact that we are ignorant of the compound action of the forces which are used. It is quite true that when one set of muscles is weakened, the corresponding set is strengthened and rotation takes place, after which deformity ensues; but just what forces are used, we do not know, and it is just this which seems to me the true scientific basis of the study of this condition. If this could be determined, we should get at the rational method of treatment. The body of a vertebra may be made stretched by action, just as, by action, we make the tissues surrounding it more elastic. To my knowledge there is no medical book published which treats of the compound action of muscular force. Moreover, this seems to me the logical treatment of the disease, and until we treat scoliosis by the above method, we are doing so empirically.

Nervous Dyspepsia.

R	Tinct. nucis vomica.....	3ij
	Eliz. calisayae val.....	3xxij
	Eliz. aromatic.....	3xxij
M.	Sig.—Teaspoonful before each meal.	

PERISCOPE.

IN CHARGE OF WM. E. PARKE, A. M., M. D.

MEDICINE.

Death-Rate of Large Towns.

The following table shows the mortality of the cities, of this country and Europe having a population of 100,000 or more:

	Population	Deaths	Death-rate per 1000
London	5,849,104	55,805	17.11
Paris	2,424,705	28,675	23.61
New York	1,801,739	23,856	26.47
Berlin	1,660,124	17,181	20.58
Chicago	1,458,000	13,590	18.95
Vienna	1,435,931	18,005	25.07
Philadelphia	1,115,562	12,249	21.95
Brooklyn	978,394	10,682	21.84
St. Louis	520,000	4,802	18.47
Brussels	488,188	4,359	17.86
Boston	487,397	5,816	23.88
Baltimore	455,447	4,866	21.10
Dublin	349,594	4,735	27.05
San Francisco	330,000	3,006	18.21
Cincinnati	305,000	3,000	19.67
Cleveland	290,000	2,538	18.19
Buffalo	290,000	2,361	16.28
Pittsburg	255,000	2,923	22.92
New Orleans	254,000	3,298	28.72
Edinburg	207,000	2,572	19.22
Milwaukee	200,000	2,000	16.00
Louisville	227,000	1,630	14.80
Minneapolis	209,000	1,004	9.60
St. Paul	155,000	745	9.61
Christiana, Norway	156,500	1,385	17.75
Denver, Colorado	150,000	871	11.61
Rochester, N. Y.	144,824	1,291	17.87
Rheims, France	105,408	1,503	28.62

Puerperal Sepsis; Its Prophylaxis and Treatment.

Dr. Robert A. Murray, read a paper with this title. Antisepsis during labor, he said, was believed to be as necessary as in surgery. Three antiseptics could be managed easily—corrosive sublimate, carbolic acid and creolin. The prophylaxis should begin with a bath and a change of clothing. The vulva especially should be cleansed carefully. A new rubber cloth should be spread over a clean sheet, and over the rubber there should be a draw-sheet. The importance of an enema should not be forgotten. A vaginal injection of a 1-to-3,000 solution of corrosive sublimate or of a two-per-cent. solution of creolin should be given before labor, but usually not after it. Creolin was to be preferred to corrosive sublimate, because it was something of a lubricant, while corrosive sublimate was distinctly astringent, and so facilitated laceration. An antiseptic pad and napkin should be applied, and never removed except for examination, which should not be more frequent than was actually necessary. The physician's hand should be scrubbed thoroughly and immersed in a 2-to-2,000 solution of corrosive sublimate or a two-per-cent. solution of creolin. The antiseptic pad should be applied again after the birth of the child and before the expulsion of the placenta. Retained membranes and pieces of placenta should be removed at once by the aseptic hand, and then an intra-uterine douche should be given. Fluid extract of ergot, in half-drachm or drachm doses, was to be recommended in the majority

of cases. After urination an antiseptic solution should be applied. When there was a bad odor to the discharge a vaginal douche was to be ordered, but if the examining finger showed that the foul discharge came from the uterus, it must be thoroughly curetted and a single uterine douche given. In prolonged cases instruments were to be employed. The nurse should never be allowed to examine a patient. In case of sepsis, the same general plan of antisepsis should be followed, but the vagina ought to be inspected so that the diphtheritic membrane might not be carried into the uterus.—*N. Y. Med. Jour.*

The Therapeutic Effects of Hot Baths.

Topp (*Therap. Monatsh.*, January-February, 1894), with the view of testing the effects of hot baths, performed a number of experiments on himself, with the following results. In the first place, the articles in the daily diet were carefully weighed and compared with the elimination of nitrogenous compounds. On the first and second occasions the author remained for a quarter of an hour in a bath at temperature of 115° to 116° C. The body temperature at the same time rose to 105° C. In spite of the perspiration produced the amount of urine passed during the ensuing twenty-four hours was increased, and more particularly the absolute weight of nitrogenous material. The body temperature sank gradually to the normal. For practical purposes three to four baths daily, at a temperature of 105° to 109°, are recommended when the individual can remain in the water about 40 to 45 minutes, and when the beneficial effects are even more marked. The author therefore agrees with Baelz in considering hot baths in the above form indicated in cases of capillary bronchitis and lobular pneumonia, also in rheumatism, nephritis, exudations, obstructive dysmenorrhœa, etc., but contra-indicated in cardiac affections.—*British Med. Jour.*

Rheumatism, Acute.

R Sodii salicylat. 3viss
 Aquae ʒi
 Syr. toluat. q. s. ʒij
 M. Sig.—Teaspoonful every two hours.

Chloroform in Lead Colic.

Dr. F. MacFarlan, of New York (*The American Therapist*, April), remarks that he has had great success in the treatment of lead colic by the internal administration of chloroform. He gives ten minims every half hour, if required. The pain is speedily relieved by the drug. The other features of the treatment go on in the usual way, such as the use of potassium, iodide and laxatives. The chloroform is decidedly more effective in easing the pain than morphia, as a trial of the two remedies will abundantly prove. The speedier relief also favours a quicker and more satisfactory recovery.

Growing Pains.

Parents have for a long time handed down to succeeding generations the tradition that pains in the limbs of a growing child are a necessary evil and not associated with any one disease, and physicians have generally encouraged this theory: but Dr. P. B. Bennie, in the *Archives of Pediatrics*, has completely ignored this idea and argues that all pains in growing children are due to some specific cause, such as myalgia from fatigue, rheumatism, disease of the joints, fevers, adenitis, etc., in which rapid growth is only a concomitant and not a causal constituent. He says in conclusion: "This malady, 'growing pains,' with its frequent concomitant, growing fever, like its congener, disorders of dentition, vanishing from the realm of pathology through that of fancy, is fast sinking into oblivion in the medical literature of the past. As a separate morbid entity it exists now principally as an article of faith. The complaint still maintains, however, a strong hold of the lay mind and forms an extremely common lay diagnosis which is often the cause of much suffering and even death through leading to the neglect of curative measures at a time when they are most effective. But the day is approaching when its grip will be loosened, for the history of medical superstitions shows that they begin to wane first among the thinkers in the profession, and finally disappear among the uneducated laity and 'growing pains' will be found to be no exception to the rule."—*Maryland Med. Jour.*

Three Kinds of Head Pains.

Dr. Dana, New York (in *The Post-Graduate* for April), calls attention to the three following varieties of head pains: (1) Migraine, which is constitutional; (2) headaches of a diffuse kind and are due to overwork, eye-strain, etc., and (3) neuralgia. Migraine patients suffer most in damp weather and in the spring. Neuralgias of the head are of two forms (a) supra-orbital, infra-orbital and detail forms, (b) Tic douloureux. The first group of neuralgias is usually due to decayed teeth, or cold. The second form is rare, comes later in life, and oftener in men than women. It is extremely, obstinate, and may last for many years. Tic douloureux is frequently associated with obliterating arteritis. This gives rise to nerve anæmia and degeneration. Nitro-glycerine and aconite sometimes relieves, by acting upon the arteries, lessening their tension. Hypodermic injections of strychnine are often helpful.

SURGERY.

Gualacol in the Treatment of Blennorrhagic Epididymitis.

At a recent meeting of the *Société médicale des hôpitaux*, of Paris, a report of which we find in the *Union Médicale* for April 10th, M. Balzer and M. Lacour stated that they

had obtained excellent results in the treatment of blennorrhagic epididymitis with gualacol. On the skin of the inguinal region, they said, pure gualacol could be applied; on the scrotum it was better to employ an ointment of from two to five parts of gualacol to thirty of vaseline. One of the first effects of the application of this ointment was a rather sharp burning, lasting for about ten minutes; then the patient felt a sensation of heat, and almost immediately the pain disappeared, at least for three or four hours, and sometimes it did not return. Ordinarily it was necessary to make two applications on the first day, but after the third day there was no longer any pain. The applications were then discontinued, for they did not seem to exert any very decided resolvent action upon the inflammatory infiltration of the epididymis. It was evident, the authors said, that gualacol exerted a very clear and energetic effect upon the pain of the disease; moreover, it overcame certain of the general symptoms which were due to the pain, for example, sleeplessness. It gave rise to a slight erythema of the scrotum, followed by drying and exfoliation of the epidermis. The authors had treated twenty cases with gualacol, and in all of them the results had been most favorable and very rapid.—*New York Medical Journal.*

How Ought we to Treat Gonorrhœal Epididymitis.

Dr. Henri Picard (*La France Médicale*) answers this question by stating that there is, or has been, constipation for a few days. This requires a purgative to free the digestive canal, and will relieve the compression on the rectum, the prostate and the urethra. The drastics, and especially aloes, should not be ordered, but the salines or castor oil. If the constipation continues, use large enemas.

Rest, in the horizontal position, is the next point to attend to. Along with this a good support must be fitted to the testicle. This affords a great deal of relief; and permits the patient to turn in bed without pain, and, in sub-acute cases, to move around the room. Horand's support is the best. This support is made of a large piece of lozenge-shaped linen, split at the lateral angles, and lined with a thick layer of cotton wool, placed on vulcanized linen. By means of the angles this support can be fastened to the body, so as to hold the scrotum and testicles, and afford gentle pressure.

Demulcent drinks are of much value. They soothe the inflamed urethra, and render the urine less irritating. Linseed tea, infusion of violets, orange water, etc., are very good forms of drinks, and should be taken in large quantities.

A bath once or twice a day, or every other day, of the temperature of 95° F. is useful. These baths require to be prolonged. There is not much benefit from them unless kept up for some time. They calm the pain and favor sleep.

For the pain and tenderness the best remedy is salicylate of soda in doses of

three to four grms. daily. Antipyrine has been used with advantage; and the anemone pulsatilla has been found very beneficial in allaying pain and swelling.

When there is much swelling, redness of the skin, and the scrotum and testicles are very painful and tender, half a dozen leeches should be applied along the cord. If the condition of the tissues is serious, even a dozen may be used.

Later on, iodide of potash ought to be employed to remove the induration and enlargement that has been left by the disease. Mercurial strapping or ointment, may also be employed for these conditions. In spite of all efforts it is sometimes impossible to restore the testicle and epididymis to their normal size. The vas deferens is sometimes obliterated and the seminal fluid cannot make its way from the corresponding testicle.

OBSTETRICS.

Single Ligation of the Cord in Obstetric Practice.

According to the *Boston Med. and Surg. Jour.* of March 1, 1894, Nguyen Khac Can bases his opinion of the superiority of a single ligation upon his observation that out of sixty-eight cases of labor with double ligature of the cord, there were four cases of retention of the placenta, and out of one hundred and forty-six cases with single ligature, only two cases of retention. The duration of the third stage with the double ligature averaged sixty-four minutes, while with the single it was but twenty-seven minutes.

The author believes that a rapid diminution in the size of the placenta, due to the free escape of the intra-placental blood, favors retro-placental hemorrhage and consequent complete separation of the placenta, and that it further lessens the obstacle to its escape from the uterus and vagina by the resulting decrease in size. He recommends that double ligature of the cord should be reserved for cases of twin pregnancy. While we think that there is a question as to the correctness of the author's reasoning on the first point, there can be no doubt as to the advantage of diminishing the size of any body which is to pass the os uteri, and we have ourselves noticed a greater ease of delivery of the placenta in cases in which but one ligature had been applied.

The suggestion of Nguyen Khac Can is certainly of value. It should be easy to prevent untidiness by catching all the intraplacental blood in a suitable basin, but the determination not to check intraplacental hemorrhage, of course, implies a careful palpation of the uterus before the cord is cut, and an absolutely positive elimination of the possibility of a twin pregnancy.—*Therap. Gazette.*

Chronic Headache.

R Arseniate of sodium.....	gr. ss
Sulphate of atropine.....	gr. ss
Extract of aconite	gr. viiss
Powd. cinnamon, q. s.....	

Mix and make into 30 pills. Sig.—From one to four pills daily.

—Dr. Zeutler in *La Riforma Medica.*

ARMY AND NAVY.

CHANGES IN THE U. S. ARMY FROM JUNE 10, 1894, to JUNE 23, 1894.

Leave of absence for one month on surgeon's certificate of disability, with permission to apply to the proper authority for an extension of three months, is granted Major Joseph R. Gibson, surgeon, Fort Snelling.

PROMOTIONS.

First Lieutenants Philip G. Wales and Benjamin L. TenEyck, Assistant Surgeons, to be Assistant Surgeons with the rank of captain, June 7, 1894, after five years' service in conformity with the act of June 23, 1894.

First Lieutenant Deane C. Howard, Assistant Surgeon, is relieved from duty at Fort Buford, North Dakota, and will report in person to the commanding officer, Fort Snelling, Minn., for duty at that station.

The leave of absence on surgeon's certificate of disability granted Major Joseph R. Gibson, Surgeon, is extended three months on surgeon's certificate of disability.

Leave of absence for one month, on surgeon's certificate of disability, is granted First Lieutenant Frank T. Meriwether, Assistant Surgeon, with permission to leave the limits of the Department.

Major James C. Merrill, Surgeon, is relieved from duty in the office of the Surgeon-General, to take effect July 1, 1894, and ordered to report in person to the commanding officer, Fort Sherman, Idaho, for duty at that station.

Leave of absence for three months to take effect July 1, 1894, is granted Major James C. Merrill, Surgeon.

NEWS AND MISCELLANY.

New Hospital Managers.

The Governor of New Jersey recently appointed the following gentlemen as members of the new Board of Managers of the State hospitals: Mr. George Richards, Dover; Dr. Romeo F. Chabert, Hoboken; Rev. Dr. J. M. Buckley, Morristown; Mr. George B. Jenkinson, Newark; Mr. Patrick Farrelly, Morristown; Mr. Lewis Parker, Trenton; Mr. Charles E. Green, Trenton; Mr. John Howe, Monmouth. The new Board appears to be made up of the right material. The Rev. Dr. Buckley, editor of the *Christian Advocate*, of this city, is known to be a great friend of the insane, and for more than twenty-five years has manifested a warm interest in bettering their condition everywhere. With the advent of the new Board into power, partisan considerations will undoubtedly cease to pertain in the State hospitals of New Jersey. The present medical officers of these hospitals, who have so vigorously endeavored to keep the great charitable institutions under their charge beyond the grasp of political despoilers, ought to feel encouraged at seeing the dawn of what appears to be a new era.—*Medical Record.*

George G. Shoemaker, M. D., died at his home at Knox, Pa., on May 20th, 1894. Age 38 years.

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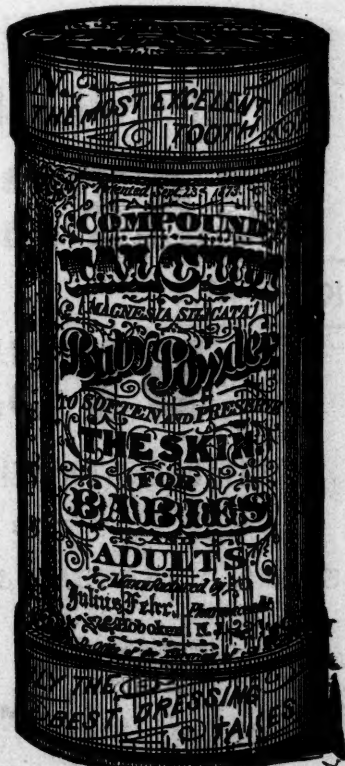
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